

## **Texas Children's and Baylor College of Medicine's– Child Abuse Pediatrics Statement**

In our community and throughout the nation, child abuse and neglect continue to be a serious problem. In the United States, some 7.5 million children are the subject of child abuse inquiries and four children die as a result of child abuse each day; half of those are under the age of 1 year.

An important part of Texas Children's dedication to the health and well-being of children is to minimize the impact of child abuse and neglect on children of all ages. All of our providers are legally and morally obligated to ensure children are safe and protected. The Child Abuse Pediatrics Program at Texas Children's employs an integrated and multidisciplinary approach to prevent or minimize the impact of child abuse and neglect in our community, through prevention, patient care and outreach.

Our child abuse pediatrics team sees hundreds of children a year where a concern is raised about potential abuse or neglect. The vast majority of these cases are resolved with no report to Child Protective Services (CPS) after a careful, multi-disciplinary review; but, as a mandatory reporter, we are legally required to inform CPS if a caregiver suspects abuse or neglect in any form. Failure to report suspected abuse and neglect is a criminal offense. These cases involve difficult determinations for our caregivers and are an obligation we take very seriously.

Once a report is made, CPS follows an independent process to determine if they suspect a child is the victim of abuse. If child abuse or neglect is suspected, CPS initiates an investigation. Based on their findings and investigation, CPS makes a recommendation to the court. The court has the final say in whether a child is removed from the home, not Texas Children's, Baylor College of Medicine or any individual physician.

When physicians testify in court, they do so based on their professional experience and with information obtained from direct physical examinations, interviews, review of the case notes and consultation with other providers. These cases are often complicated and lengthy, with multiple health care providers involved and some medical records exceeding 10,000 pages. Like any court testimony, their responses are restricted to the very narrow line of questioning put to them by the attorneys on both sides of the case.

When our doctors reach a conclusion that a child has been the subject of abuse or neglect and is in danger, there are a number of ways they will explain that to juries, depending on the questions they are asked. When these comments are taken out of context and not presented within the full testimony, they can potentially be misconstrued as overreaching. For example, in a case where a baby has human bite marks, broken bones, is beaten and close to death when he gets to our doors, a physician who is asked to gauge the certainty with which she believes child abuse may be indicated replies "100 percent." Taken alone, that comment might appear extreme, but in this circumstance, it seems appropriate.

Dr. Mark Kline, Physician-in-Chief at Texas Children's, provided further context: "When physicians testify in court, attorneys may ask for a percentage of certainty regarding the likelihood of abuse, or the physician may use a percentage as a clearer way of conveying their confidence in the diagnosis. When extreme indications of child abuse are present, it is entirely understandable and appropriate that the physician might assert 100 percent confidence in the diagnosis."

Furthermore, Dr. Christopher Greeley, the director of the Child Abuse Pediatrics Program at Texas Children's clarified, "While my preference is to remain largely qualitative and not use percentages, many child abuse pediatricians may use percentages for a lay audience or jury. I have confidence in our Texas Children's physicians who testify in these cases to present a clear and accurate assessment of the patients' conditions."

"Our ultimate goal is to protect children and support families and, while we are always looking for opportunities to better meet that goal, we have to keep children's health and wellbeing front and center. While a court's decision to remove a child from his or her home can be emotionally distressing, the consequences of a child remaining in an abusive environment are clearly worse. These cases are complex and sensitive and that's why the CPS process exists."

Texas Children's Hospital and Baylor College of Medicine are proud to have six physicians board certified in child abuse pediatrics, one of the largest groups of its kind in the country. We stand behind our medical professionals and their genuine desire to give a voice to those too young to speak for themselves.

Our professionals are trained to evaluate cases across numerous medical specialties to help separate accidents from abuse. For every case our physicians report to CPS as potential abuse, there are many more in which no suspicion of abuse is found.

Certain types of physical injuries to a child warrant a heightened sense of scrutiny and are more likely associated with abuse than other injuries. For example, often our physicians are referred skull fracture cases from concerned family physicians who feel this kind of injury might indicate abuse. The expertise of our physicians allows us to take a more comprehensive view into these sometimes complex cases, with the result being most skull fracture cases treated by physicians at Texas Children's do not result in referrals to CPS. In some cases, however, the specific indications as seen by physicians with this expertise signify a greater likelihood of child abuse. When a child presents with multiple fractures, and the explanation offered by the parent is inconsistent with the type of fracture, or inconsistent or changing stories are offered, or no explanation is given for the injury, suspicion for physical abuse increases and a report to CPS is required.

Texas Children's established its child abuse team and processes to assist patients who come to us with symptoms consistent with abuse so they can be identified, protected and cared for in a way that prevents further harm. We stand by our medical professionals and their genuine desire to do what is best for our patients.